SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery
Article Addressed to:  Anatoly M. Darov	D. Is delivery address different from item 1?
BURNS & LEVINSON LLP  125 Summer Street  Boston, MA 02110  Docket No. EPCRA-01-2011-0079  3. Sepice Type  Certified Ma	\alpha \land \sigma \cdot \cdo
	Certified Mail  Express Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7010 167	0 0000 2319 2818

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540